



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**BARBER AND BEAUTY SHOPS, SCHOOLS,**  
**AND THE PRACTICE OF BARBERING AND COSMETOLOGY**  
**INSPECTION REPORT**

INSPECTION	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular <input checked="" type="checkbox"/>	D	10/9/2020	RUBY'S SALON AND BARBER SHOP
Follow-Up <input type="checkbox"/>		TIME IN	TIME OUT
Complaint <input type="checkbox"/>		4:00PM	4:50 PM
Investigation <input type="checkbox"/>	A	SANITARY PERMIT NO.	LOCATION
Other <input type="checkbox"/>		200702240	MOS. BLK 9 LOT 27 K & F BLDG. UNIT 102 231 E. RIVERVIEW AVE., OROPELO, GUAM
			ESTABLISHMENT TYPE
			BEAUTY SALON

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

ITEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
	A regular inspection was conducted today.		
	Violations were observed on the following items:		
<input type="checkbox"/> 1	No employee allowed to work or patrons to be served having or suspected of having communicable disease	6	
<input type="checkbox"/> 2	No patron is to be served when inflicted with contagious skin disease without doctor's certificate	6	
<input type="checkbox"/> 3	Patrons infested with head lice not served	6	
<input type="checkbox"/> 7	Cleaning of ears, warts, moles, pimples, ingrown hair removal: Prohibited	6	
<input type="checkbox"/> 8	Use of common neck dusters, hair brushes made of wood and bristle, shaving brushes, powder puffs, sponges, astringent in lump or styptic pencil prohibited	6	
<input type="checkbox"/> 17	Instruments, equipment, and utensils: Cleaned, sanitized, stored. Combs and brushes not in use exposed to fumes of formaldehyde	6	
<input type="checkbox"/> 22	Adequate; approved source	6	
<input type="checkbox"/> 24	Cross-connection, back-siphonage, back-flow	6	
<input type="checkbox"/> 31	Sewage and wastewater disposed in approved facility	6	
<input type="checkbox"/> 43	Sanitary Permit, Health Certificates, valid	6	
<input type="checkbox"/> 45	Construction Permit obtained, extension, remodeling, reconstruction approved	6	
<input checked="" type="checkbox"/>	No violations observed		
	Observation Findings: <input type="checkbox"/> None		
	REMOVED "A" PLACARD NO. 02918		
	Posted "A" Placard No. 03208 ON FRONT DOOR		
	Discussed this report with person-in-charge.		

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

\*Note: When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection:

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45)

RECEIVED BY (Name & Title):

+ RUBY G. CAASI

DEH INSPECTOR (Name & Title):

V. RAYMUNDO, EPHO I